

L15000058989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

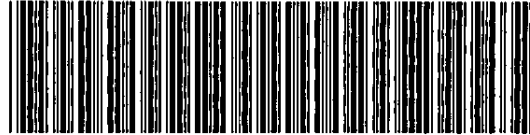
(Document Number)

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Special Instructions to Filing Officer:

W15-21016

Office Use Only



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CLERK OF STATE
TALLAHASSEE FLORIDA

APR 06 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2015

SEAN MICHAEL JENSEN
3601 BREEDERS CUT CT.
GOTHA, FL 34734

SUBJECT: CLOUD 9 CATERING, LLC
Ref. Number: W15000021016

We have received your document for CLOUD 9 CATERING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "E.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000005763.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00005991

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloud 9 Catering Events, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Michael Jensen
Name of Person

Cloud 9 Catering Events
Firm/Company

3601 Breeders Cup Ct.
Address

Gotha, FL 34734
City/State and Zip Code

jensen-kathleen@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean M. Jensen at 321 946-1076
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

(Already
sent)

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cloud 9 Catering Events, LLC.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3601 Breeders
Cup Ct.
Gotha, FL 34734

Mailing Address:

3601 Breeders Cup Ct.
Gotha, FL 34734

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Sean M. Jensen
Name
3601 Breeders Cup Ct.
Florida street address (P.O. Box NOT acceptable)
Gotha FL 34734
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

C.E.O.

Name and Address:

Sean. M. Jensen
3601 Breeders Cup Ct.
Gotha, FL 34734

Director

Kathleen Jensen
3601 Breeders Cup Ct.
Gotha, FL 34734

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Filing Date (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sean Jensen

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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